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Applicant: TINKU ACHARYA ET AL.

§ Group Art Unit:

Serial No.: 09/723,123

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Examiner:

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Filed: November 27, 2000

For: ENCODING OF WAVELET
TRANSFORMED ERROR DATA

§ Atty. Dkt. No.: INTL-0210-P1-US

§

REQUEST FOR COPY OF THE OFFICIAL FILING RECEIPT

Commissioner of Patents
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Dear Sir:

The above-referenced application was filed on November 27, 2000. Applicant has not received the Official Filing Receipt.

Applicant requests a copy of the Official Filing Receipt be sent to the attorney of record at:

Timothy N. Trop
Trop, Pruner & Hu, P.C.
8554 Katy Freeway, Ste. 100
Houston, TX 77024.

Any fees required by this request should be charged to Deposit Account No. 20-1504 (INTL-0210-P1-US) and this paper is submitted in duplicate.

Respectfully submitted,

Date: 3/21/01

Timothy N. Trop, Reg. No. 28,994
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Date of Deposit: March 21, 2001

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, Washington DC 20231.

Sherry Tipton



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Bib Data Sheet

CONFIRMATION NO. 5940

SERIAL NUMBER 09/723,123	FILING DATE 11/27/2000 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. INTL-0210-P1-US (P7057X)
APPLICANTS Tinku Acharya, Chandler, AZ; Prabir K. Biswas, Calcutta, INDIA; Niloy J. Mitra, Calcutta, INDIA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/390,255 09/03/1999 <i>Sm</i>				
** FOREIGN APPLICATIONS ***** <i>Sm</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Sm</i> Verified and Acknowledged		STATE OR COUNTRY AZ	SHEETS DRAWING 9	TOTAL CLAIMS 15
				INDEPENDENT CLAIMS 3
ADDRESS Timothy N. Trop TROP, PRUNER & HU, P.C. Suite 100 8554 Katy Freeway Houston, TX 77024				
TITLE Encoding of wavelet transformed error data				
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	